

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185183		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/30/2013	
NAME OF PROVIDER OR SUPPLIER HELMWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 106 DIECKS DRIVE ELIZABETHTOWN, KY 42701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A standard recertification survey was initiated on 08/28/13 and concluded on 08/30/13 and a Life Safety Survey was completed on 09/05/13 with the highest scope and severity of an "F". The facility had the opportunity to correct the deficiencies before remedies would be recommended for imposition. An abbreviated survey to investigate KY 20602 was conducted 08/28/13 through 08/30/13 in conjunction with the standard recertification survey. The Division of Health Care unsubstantiated the allegation; however, related deficiencies were cited.			F 000			
F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the			F 225			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1 State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's Abuse Investigation policy, it was determined the facility failed to ensure one (1) of the two (2) allegations of misappropriation of property was immediately reported to the Office of Inspector General (OIG) upon notice for Resident #8. The facility failed to report an allegation reported to them by Resident #8 when the resident told the facility he/she was missing twenty (20) dollars on 08/21/13 which was not reported to the OIG until the resident notified the state surveyors during a combined standard survey and an investigation for misappropriation of property on 08/30/13.</p> <p>The findings include:</p> <p>Review of the facility's policy Abuse Investigations, revised 12/2011, revealed all reports or resident abuse, neglect, and injuries of</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>unknown source shall be promptly and thoroughly investigated by the facility management. All suspected violations and all substantiated incidents of abuse would be immediately reported to appropriate state agencies and other entities or individuals as may be required by law.</p> <p>During interview, on 08/29/13 at 9:45 AM, with Resident #8 revealed he/she was missing twenty (20) dollars which was replaced by the facility. The resident also attended a Quality of Life group meeting, on 08/29/13 at 10:00 AM, and reported the missing money. The resident revealed the money came up missing between October 2012 and January 2013, but did not notify the facility until 08/22/13 during the care plan meeting.</p> <p>Review of the clinical record revealed the facility admitted Resident #8, on 10/02/13 with diagnoses of Acute Kidney Failure, and Alzheimer's Dementia. The facility assessed the resident on 08/14/13, utilizing the Minimum Data Set (MDS), Brief Interview for Mental Status (BIMS) that revealed a score of 15 indicating the resident was cognitively intact and had no behavioral or psychosocial concerns.</p> <p>On 08/29/13 at 12:45 PM, the Administrator reported the facility did not report the allegation to the OIG due to the elapsed time frame of the missing money.</p> <p>Further interview with the Administrator, on 08/29/13 at 4:18 PM, revealed the resident reported the missing money during the care plan meeting, which in turn was reported to her. The Administrator revealed it was determined the resident did have money, but they were unable to</p>	F 225			

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F 225	Continued From page 3 determine how much or when it disappeared due to the resident's condition at the time, and the time elapsed before it was reported. The Administrator revealed she initially did not think it was a reportable incident; however, in hindsight the Administrator felt the incident should have been reported to the OIG upon initial notification that the resident was missing money. The Administrator revealed she was aware of the requirement for reporting.	F 225			